



**COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION CABINET  
OFFICE OF OCCUPATIONS AND PROFESSIONS**

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601  
Phone (502) 564-3296, ~ <http://dop.ky.gov>

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**APPLICATION FOR VERIFICATION OF LICENSE  
TO ANOTHER STATE**

**INSTRUCTIONS**

1. This form must be typed or printed legibly and completed in its entirety.
2. This application must be submitted with the application fee of twenty-five dollars (\$25.00). This fee is non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH. Any application submitted without the appropriate fee will be returned.
3. This completed form may be submitted to the Office of Occupations and Professions either by mail to P.O. Box 1360, Frankfort, KY 40602, or by delivery to 911 Leawood Drive, Frankfort, KY 40601.

**LICENSE INFORMATION**

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License Type	License Number	Social Security Number
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First Name	Last Name	Middle Initial	Date
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Home Street Address	City	State	Zip Code
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Telephone Number	Cell Phone Number	Email Address
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**MAILING INFORMATION**

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Name of State Agency
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Street Address	City	State	Zip Code
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Signature	Date
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